

# AASHADEEP

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## COMPUTER EDUCATION

FRANCHISEE APPLICATION FORM

1. IT COURSES.
2. MANAGEMENT COURSES
3. VFX & ANIMATION COURSES
4. TEACHER TRAINING COURSES

### Aashadeep Educational Trust

703-704, Best Pearl Heights-2,  
Netaji Subhash Place,  
Pitampura New Delhi-110034.

011-45491171,

094179-11171,

094176-49000,

094179-49000,

094783-49000,

094681-49000.

info@aashadeep.com

aashadeepgroup@gmail.com



Smart Franchisee  
for Smart people

**A. INSTITUTION PROFILE**

**1. Name of the Institution:** \_\_\_\_\_

**2. Institution Full Postal Address:** \_\_\_\_\_

\_\_\_\_\_ **City** \_\_\_\_\_

**Pin Code:** \_\_\_\_\_ **Distt:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Communications Details:**

STD Code: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_ Alternative Mobile Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website Address: \_\_\_\_\_

**Nearest Airport:** \_\_\_\_\_ **Distance from Airport:** \_\_\_\_\_

**Nearest Railway Station:** \_\_\_\_\_ **Distance from Railway station:** \_\_\_\_\_

**Nearest Bus Stand / Stop:** \_\_\_\_\_ **Distance from Bus Stand:** \_\_\_\_\_

**B. DETAILS OF MANAGEMENT / HEAD OF INSTITUTION**

**1. Name of the Head of Management:** \_\_\_\_\_

**2. Designation of the Head of Management:** \_\_\_\_\_

**3. Educational qualification of Head of Management:** \_\_\_\_\_

**4. Photo ID Proof of Head of Management (Kindly enclose the copy)** \_\_\_\_\_

**5. PAN Number of Head of Management (Kindly enclose the copy)** \_\_\_\_\_

**6. One Colored Photograph of Head of Management:**



### **C. INFRASTRUCTURAL FACILITIES**

#### **1. Type of Area (Kindly tick whichever is applicable)**

Metro  State Capital  District HQ

Town  Rural  Hilly Region

**2. Total Carpet area of Institution (in Sq. ft):** \_\_\_\_\_

**3. Total Site area of Institution (in Sq. ft):** \_\_\_\_\_

#### **4. Institution Facilities available:**

<b>S. No.</b>	<b>Type of Facility</b>	<b>No. of Rooms</b>	<b>Area (in Sq. ft)</b>	<b>Seating Capacity</b>
1.	Class room			
2.	Computer Lab			
3.	OFFICE			
4.	Reception /WAITING AREA			
5.	Staff Room			
6.	Wash Room			

#### **5. Facilities:**

<b>S. No.</b>	<b>Type of Facility</b>	<b>Quantity</b>	<b>S. No.</b>	<b>Type of Facility</b>	<b>Quantity</b>
1.	Server Computer		7.	Generator	
2.	Client Computer		8.	LCD Projector	
3.	Printer		9.	OHP	
4.	Scanner		10.	Fax	
5.	UPS		11.	Photocopier	
6.	CD / DVD Writer		12.	Internet	

**6. Type of Internet Facility**

Leased Line

Broad Band

Dialup

Others

**D. FACULTY DETAILS**

S. No.	Name	Designation	Qualification	Teaching Experience (in Years)	Subject Taught	By Him/Her

**Declaration**

1. I / We certify that all the information given above and in the preceding pages signed by me / us is / are complete and correct.
2. I / We declare that the institute will abide by all the rules and directions of Aashadeep Group of Educations given time to time.
3. I / We declare that I / We am / are authorized to sign on behalf of my organization and that my directors and shareholders / members (where relevant) are in total agreement of my / our application.
4. In case of any information furnished by me / us is found wrong or incomplete, I / We declare that the institute may be derecognized and is also open to any action as per law.
5. I / We hereby undertake that if it is ever found that the Institution is not able to run as per the norms, rules and procedures laid down by Aashadeep Group Of educations, the AGE shall be free to withdraw the STUDY CENTRES recognition.

I / We shall verify all the original documents of the students and certify that the students registered at my / our STUDY CENTRES for Aashadeep programs are eligible in all respect as.